

AUTHORIZED INTERMENT EXPENSES WORKSHEET

For use of this form, see DA PAM 638-2; the proponent agency is ODCSPER

1. NAME	2. RANK	3. SSN	4. DATE OF DEATH (YYYYMMDD)
5. CEMETERY TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NATIONAL <input type="checkbox"/> POST/FORT	6. CREMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	7a. CONTRACT IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO 7b. IF NO, PRIMARY (Preparation) EXPENSES.	

9. MEMORIAL/FUNERAL EXPENSES

a. MAXIMUM AUTHORIZED MEMORIAL/FUNERAL EXPENSES _____

	ACTUAL	AUTHORIZED
b. PROFESSIONAL SERVICES <i>(Funeral Director and Staff)</i>		
RECEIVING REMAINS SERVICE PACKAGE _____		
VISITATION/VIEWING _____		
GRAVESIDE SERVICE _____		
OTHER _____		
c. USE OF FACILITIES		
FUNERAL HOME _____		
CHURCH _____		
CREMATORY _____		
OTHER _____		
d. EQUIPMENT		
LIMOUSINE FOR PNOK _____		
FLOWER CAR _____		
LEAD CAR _____		
OTHER _____		
e. SERVICES		
ORGANIST _____		
SOLOIST _____		
CLERGY HONORARIUM _____		
PERMITS/FEES _____		
OBITUARY, DEATH NOTICE, OR ANNOUNCEMENTS _____		
PALL BEARERS <i>(When military honors are <u>not</u> performed)</i> _____		
f. SUPPLIES		
GUEST REGISTER BOOK _____		
PRAYER CARDS _____		
SERVICE ORDERS _____		
FLOWERS _____		
MEMORIAL FOLDERS _____		
RELIGIOUS ITEMS _____		
ACKNOWLEDGMENT CARDS _____		
g. CEMETERY		
BURIAL RECEPTACLE _____		
GRAVESITE <i>(Single)</i> _____		
TEMPORARY MARKER _____		
EQUIPMENT _____		
OPENING/CLOSING GRAVE OR NICHE _____		
h. MISCELLANEOUS		
STOP-OVER EXPENSE _____		
SALES TAX _____		
CERTIFIED DEATH CERTIFICATES <i>(See preparation)</i> _____		
i. OTHER INTERMENT RELATED EXPENSES		

TOTAL MEMORIAL/FUNERAL EXPENSES		
j. TRANSPORTATION EXPENSES		
HEARSE _____		
TO COMMON CARRIER _____		
TO FUNERAL SITE _____		
FROM COMMON CARRIER _____		
TO CEMETERY _____		
TOTAL MEMORIAL/FUNERAL AND TRANSPORTATION EXPENSES		

10a. PREPARED BY	10b. DATE PREPARED (YYYYMMDD)
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